| | TOWN OF LANCAUTE | c 11145 sempleted |
|-----------------------|--|--|
| | ANSWER ALL QUESTIONS. Disclosure forms will not be accepted | unless fully completed. |
| PLEASE | ANSWER ALL COLO | For Calendar Year 2019 |
| 1. No. A. P. 2. a. T. | ame: ATTE AMA NEW ddress: 21 BUTUSE! AVE LATINGS hone Number: 716 803 - 7667 Title of Town Position: 400 Guy | ter M/ |
| | Department, Agency, or other Governmental Agency or Entity: | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancas or other family member of your household has an ownership or other indicate each S.B.L. listed on the form as a primary residence, a bus property. | ter in which you or your spouse r financial interest. Please riness property and/or rental |
| | Primary: 21 Buhwel Aul Other: Els Roadway 520 Broad | wiff 25 Central / |
| 4. | List the name and address of any partnership, unincorporated association spouse is a member, officer or employee in which you or your spouse owner/proprietor) interest, giving your position and/or your spous partnership association or business. If none, please state not applied | r spouse has a proprietary (an e's position, if any, with the cable (NA). |
| | partnership association Organization | Address of Organization |
| | Dukken 5820 Bress land Try | |
| | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | |
|------------------|--|---|---|
| | Name of Corporation or Limited Partnership | <u>Address</u> | <u>Position</u> |
| | 5820 RNAL | loung the | Pres |
| 6. | State the self-employment has derived, during the pre- none, please state not apple | and the general nature thereof, from vious calendar year, gross income in eicable (NA). | which you or your spouse excess of \$2,000.00. If |
| 7. | If you are unable after reas herein, so state and give re | sonable effort to obtain some or all of asons therefore. <i>If none, please state</i> | the information required not applicable (NA). |
| 8. | Have you personally accepthan personal gifts from far amount: (If none, please st | pted any gifts or donations with a valuable, that are specific to your position tate not applicable, NA). | ne of \$75 or more, other n? List donators and dollar |
| Şigi — Dat | nature of Reporting Individual | 1-/6-/9 | |

File:codethic2019

RECEIVED TOWN OF LANCASTER, NY

I**AN 18** 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Rebecca Anderson 493 Lake Ave. Lancaster, NY 14086 |
|------------|--|
| | Phone Number: 681-9549 |
| 2. a. | Title of Town Position: Planning Board (Menber) |
| Ъ. | Department, Agency, or other Governmental Agency or Entity: Planning Board |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> |
| | Address & S.B.L. Number |
| | Primary: 493 Lake Avenue 126.08-1-1.1 residence |
| | Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | <u>Position</u> <u>Organization</u> <u>Address of Organization</u> |
| | NA |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). |
|----|---|
| | Name of Corporation or Limited Partnership Address Position |
| | NA |
| 6. | State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA). |
| | VA |
| 7. | If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA). NA |
| 8 | Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and do amount: (If none, please state not applicable, NA). |
| | NO N/A |
| | Signature of Reporting Individual |
| | Signature of Reporting Individual Release Jess Anderson Date |
| | File:codethic2019 |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

|] | Name: Rebecca Baker | |
|--------|--|--|
| | Address: 12574 Hunts Crns Rd [| RECEIVED TOWN OF LANCASTER, MY |
|] | Phone Number: 542 - 2275 | IAN 15 2019 |
| a. [| Title of Town Position: ASSESSO | DIANE M. TERRANÚVA TOWN CLERK |
| b. I | Department, Agency, or other Governmental Agency or Entity: ASSESSMENT DEPARTMENT | |
| i | Address and SBL No. of all real property within the Town of Lancaster in or other family member of your household has an ownership or other final indicate each S.B.L. listed on the form as a primary residence, a business property. | incial interest. <i>Please</i> |
| | Address & S.B.L. Number Primary: Address & S.B.L. Number | |
| (| Other: | |
| у 0 | List the name and address of any partnership, unincorporated association your spouse is a member, officer or employee in which you or your spousewiner/proprietor) interest, giving your position and/or your spouse's position association or business. If none, please state not applicable (None) | se has a proprietary (an ition, if any, with the |
| P | Position Organization A | Address of Organization |
| | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | |
|-------|--|--|--|
| | Name of Corporation or Limited Partnership | <u>Address</u> | Position |
| | | V/A | |
| | | | |
| 6. | State the self-employment and has derived, during the previou none, please state not applicable. | the general nature thereof, from whose calendar year, gross income in exple (NA). | nich you or your spouse cess of \$2,000.00. If |
| | | | |
| 7, | If you are unable after reasonal herein, so state and give reason | ble effort to obtain some or all of the as therefore. <i>If none, please state not</i> | e information required t applicable (NA). |
| | | | |
| 8. | Have you personally accepted a than personal gifts from family, amount: (If none, please state n | any gifts or donations with a value of that are specific to your position? In the applicable, NA). | of \$75 or more, other List donators and dollar |
| | | V/A | |
| Signa | ature of Reporting Individual | | |
| | Rebrus & P | ale | |
| Date | 1/15/19 | | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | 1 of Calendar 1 ear 201 |
|------------|--|
| 1. | Name: Michelle Barbaro Address: 577 Epie Street, Lancaster 14/4086 Phone Number: 7110-982-57108 |
| 2. a. | Title of Town Position: Park Crow Mef |
| b. | Department, Agency, or other Governmental Agency or Entity: TOWN OF HANCASTER PARE VILLAMATION |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number Primary: 577 Ed 16 Street, Lancaster 14 14086 Other: |
| I . | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-------|--|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> |
| | _// / / / / / / / / / / / / / / / / / / | | |
| 6. | State the self-employment and the has derived, during the previous conone, please state not applicable | alciidar vear, oross income in a | which you or your spouse excess of \$2,000.00. If |
| 7. | If you are unable after reasonable herein, so state and give reasons the | effort to obtain some or all of the serefore. <i>If none, please state no</i> | he information required ot applicable (NA). |
| 8. | Have you personally accepted any than personal gifts from family, the amount: (If none, please state not a limit of the li | It are specific to your position? | of \$75 or more, other List donators and dollar |
| Signa | ture of Reporting Individual | | |

File:codethic2019

TOWN OF LANCASTER, NY

MAR 1 4 2019

DIANE M. TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: ROBERT G. BENZEL Address: 28 LOMBARDY ST. LANCACTER |
|-----------|--|
| | Address: 28 LOMBARDY ST. LANCASTER |
| | Phone Number: 683-5249 |
| 2. a. | Title of Town Position: CEO |
| b. | Department, Agency, or other Governmental Agency or Entity: LANCASTER WOOSE, AL DEVELOIZMENT |
| <i>3.</i> | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number |
| | Primary: 28 LOMBARDY STREET |
| | Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| (1 | TOWN OF LANGASTER, NY MAR 1 4 · 2019 DIANE M. TERRANOVA |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|------|---|--|--|
| | Name of Corporation Address Position or Limited Partnership | | |
| 6. | State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA). NINCERA REWAS, NINCARA FALLS L | | |
| 7. | If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA). N/A | | |
| 8. | Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA). | | |
| Sign | ature of Reporting Individual | | |
| Date | | | |

TOWN OF LANCASTER, NY

JAN 28 2019

DIANE M. TERRANOVA
TOWN GLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Catherine Braniecki | | | |
|------------|--|---|---|--|
| | Address: 2 Polha | m Rood Languster | | |
| | | 213-7269 (cell phone) | | |
| 2. a. | Title of Town Position: | tree sement Review Board | nemker | |
| b. | Department, Agency, or o | Department, Agency, or other Governmental Agency or Entity: | | |
| | | | | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> Address & S.B.L. Number | | | |
| | | n Ra Lemensty SBL. | 12 11-5-11 X | |
| | | 7 - 2 | D. 10 | |
| 4. | your spouse is a member, owner/proprietor) interest | of any partnership, unincorporated assorticer or employee in which you or yo, giving your position and/or your spot business. If none, please state not app | our spouse has a proprietary (an use's position, if any, with the | |
| | Position | <u>Organization</u> | Address of Organization | |
| | 11/40 | - | | |
| | | | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|-------|---|--|--|--|
| | Name of Corporation or Limited Partnership | Address | Position | |
| | NIA | | | |
| 6. | none, please state not applicable | ne general nature thereof, from we calendar year, gross income in extended (NA). | kcess of \$2,000.00. If | |
| 7. | If you are unable after reasonable herein, so state and give reasons | e effort to obtain some or all of th therefore. <i>If none, please state no</i> | e information required to applicable (NA). | |
| 8. | Have you personally accepted any than personal gifts from family, the amount: (If none, please state not | hat are specific to your position? | of \$75 or more, other List donators and dollar | |
| Signa | ture of Reporting Individual Therine Myanusk | | | |

OSURE FEB 14 2019

DIANE M. TERRANOVA
TOWN GLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: DANIEL | Beutler | |
|-------|---|--|---|
| | Address: 26 TV | len Street D | Dense MY MARIE |
| | Phone Number: 710 | -683-7448 | - Par VI 1401) |
| 2. a. | Title of Town Position: | Zoning Board Me | mben |
| b. | Department, Agency, or other | her Governmental Agency or Entity: | |
| | | | |
| ł. | indicate each S.B.L. listed of property. Address & S.B.L. Number | l real property within the Town of Lanca your household has an ownership or othe on the form as a primary residence, a bus | er financial interest Places |
| | Other: | | |
| • | owner/proprietor) interest, | of any partnership, unincorporated associations or employee in which you or your giving your position and/or your spouse' usiness. If none, please state not applicate | spouse has a proprietary (an s position, if any, with the |
| | Position | Organization | Address of Organization |
| | | | |

| 5. | List the name and address of any corporation or limited partnership of which you or you spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if an with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-------|--|---|--|
| | Name of Corporation | Address | |
| | or Limited Partnership | <u> </u> | <u>Position</u> |
| | None | | |
| | | | |
| 6. | State the self-employment and the has derived, during the previous conone, please state not applicable | | tich you or your spouse cess of \$2,000.00. If |
| | | | |
| 7. | If you are unable after reasonable cherein, so state and give reasons the | effort to obtain some or all of the nerefore. If none, please state not | information required applicable (NA). |
| | | | |
| 8. | Have you personally accepted any than personal gifts from family, that amount: (If none, please state not a | pplicable, NA). | ist donators and dollar |
| Signa | ture of Reporting Individual | £: | |
| | Mor. | _ | |
| Date | | | |

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE MAR 13 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | For Calendar Year 2019 |
|-------|--|
| 1. | Name: AWM J. Cervi |
| | Address: 34 Nicholas Lane Langueter, N.11 1409 |
| | Phone Number: 116-48-9544 |
| 2. a. | Title of Town Position: Lancaster Town Judge |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| | Town Courts |
| | |
| 3. | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number |
| | Primary: 34 Nicholds Love Drimany residence |
| | Other: 74 Lowerack remail property |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization Address of Organization |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|-------|--|--|---|---------------------------|
| | Name of Corporation or Limited Partnership | Address | | Position |
| | Guinzoe Propertie | 3, LLC 4 | 3 Court St | Butalo |
| | | | President / VN C | mber' |
| 6. | State the self-employment and the ger has derived, during the previous calen none, please state not applicable (NA) | dar vear, gross inco | from which you or yome in excess of \$2,0 | your spouse 100.00. If |
| | | | V | |
| 7. | If you are unable after reasonable efformerein, so state and give reasons therefore | rt to obtain some or fore. <i>If none, please</i> | all of the informatio state not applicable | n required (NA). |
| | | | | |
| 8. | Have you personally accepted any gifts than personal gifts from family, that are amount: (If none, please state not apple | e specific to your n | a value of \$75 or mo osition? List donators | re, other s and dollar |
| Signa | ture of Reporting Individual | | | |
| Date | 3/00/19 | | | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019 Name: JEREMY COLBY 1. Address: 9 BROKOMOOR CT Phone Number: 716-994-6411 2. a. Title of Town Position: TOWN JUSTICES b. Department, Agency, or other Governmental Agency or Entity: TOWN COURT Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse 3. or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. Address & S.B.L. Number Primary: 9 B POLOMOOR CT Other: List the name and address of any partnership, unincorporated association or business of which you or 4. your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). Position Organization Address of Organization MINER WEBSTER SZAWY



| 5. | List the name and address spouse is an officer, direct beneficially owns or contract stock or other ownership with the corporation or line | rols more than | five percent (5% | u or your spouse leg of the issued and a | ally or outstanding |
|----------|--|-------------------------------------|--|--|---|
| | Name of Corporation or Limited Partnership | | Address | | <u>Position</u> |
| | WEBSTER SZAWY | Lip | 1400 C1BG | RTY BUBG | PARTMER |
| 6. | State the self-employment has derived, during the pre- none, please state not appli | | l nature thereof, year, gross incor | from which you or y me in excess of \$2,0 | our spouse |
| | REAL ESTATE | RENTAL | (NCOME | | |
| 7 | If you are unable after reason herein, so state and give rea | onable effort to sons therefore. | obtain some or a | all of the information state not applicable | 1 required (NA). |
| | | | | | |
| | Have you personally accepte than personal gifts from fam amount: (If none, please state | IIV. HIMI ATE STV | MITTO TO TIONS | value of \$75 or mor sition? List donators | e, other and dollar |
| 1 | NO - ONLY GAVEL | PAPERWER | GIT FROM | RETIRED JO | ISTICE _ |
| ignatu | re of Reporting Individual | | _ | RONKNO (NOT CIK | NO VACUES OCY EXCEEDING * * * * * * * * * * * * * |
| ate_ | 1/17/19 | | = | <u> </u> | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Johanna M. Coleman

Address: 60 Creekwood Dr.

Lancaster NY 14086

Phone Number: 716-683-3868

2. a. Title of Town Position: Supervisor

b. Department, Agency, or other Governmental Agency or Entity: Town of Lancaster

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary Residence: 60 Creekwood Dr., Lancaster, NY SBL: 115.16-1-11

Other: NONE

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

N/A

| | 11 H H | | | or Limited P |
|---------------------------|---|---|---|-------------------------------|
| | | 2 8 41 | | · N/A |
| | | p b v | <u> </u> | |
| | | | | State the self |
| ir spot .00. <i>If</i> | from which you or you me in excess of \$2,000 | ndar year, gross | nployment and t ring the previous ate not applicabl | has derived, |
| | | 9 | | N/A |
| | | | | |
| | | | | |
| require IA). | all of the information is state not applicable (N | ort to obtain sor efore. <i>If none, p</i> | e after reasonable and give reasons | If you are una herein, so sta |
| | | | | N/A_ |
| | | | | |
| ? List | a value of \$75 or more licable, NA). | please state not | nally accepted ar llar amount: (If r | donators and |
| - | a value of \$75 or more | efore. If none, parties or donations | and give reasons | N/A Have you per |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| PLEAS | E ANSWER ALL QUESTION | For Calendar Year 2019 |
|-------|--|---|
| | Name: Neil R. Connelly Address: 2255 Come PARK Bood. Phone Number: 716 684 - 6608 | |
| | Title of Town Position: Pranning Board Hember | |
| b. | Department, Agency, or other Governmental Agency or Entity: DEPART BL., Thun BF LANCASSEL | |
| 3. | Address and SBL No. of all real property within the Town of Lancaster or other family member of your household has an ownership or other finindicate each S.B.L. listed on the form as a primary residence, a busine property. | in which you or your spouse nancial interest. Please ss property and/or rental |
| | Address & S.B.L. Number Primary: 2255 Como PARK BUVE. Other: 44-09-1-7 Gry ST. | |
| 4. | List the name and address of any partnership, unincorporated associating your spouse is a member, officer or employee in which you or your spowner/proprietor) interest, giving your position and/or your spouse's partnership association or business. If none, please state not applicable | on or business of which you or bouse has a proprietary (an position, if any, with the |
| | <u>Position</u> <u>Organization</u> | |
| | NA | |
| | | |

| stock or other ownership rights, fishing with the corporation or limited partnership. | ership. If none, please state not appli | cable (NA). |
|---|--|--|
| Name of Corporation or Limited Partnership | Address | <u>Position</u> |
| NA | | |
| 1 domitted during the Dievious car | tolidar), b | ou or your spouse of \$2,000.00. If |
| <u>IVA</u> | | |
| If you are unable after reasonable herein, so state and give reasons the | effort to obtain some or all of the inf herefore. If none, please state not app | formation required policable (NA). |
| | | |
| than personal gifts from failing, | ny gifts or donations with a value of \$ that are specific to your position? Lis of applicable, NA). | |
| 5 1 | State the self-employment and the shas derived, during the previous canone, please state not applicable (I | Name of Corporation or Limited Partnership NA State the self-employment and the general nature thereof, from which you has derived, during the previous calendar year, gross income in excess of none, please state not applicable (NA). //A If you are unable after reasonable effort to obtain some or all of the infinerein, so state and give reasons therefore. If none, please state not applicable in the infinerein of the inf |

File:codethic2019

RECEIVED TOWN OF LANCASTER, NY

JAN 2 2 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Eric T. Co | rne | | |
|------------|---|---|---|--------------------------|
| | Address: 27 Plumb | Creek Trail | Lancaster, | NY 14086 |
| | Phone Number: 544-561 | 4 | | |
| 2. a. | Title of Town Position: 40 | isth board | member | |
| b. | . Department, Agency, or other Go | vernmental Agency | or Entity: | |
| | Lancaste Youth | Bureau | | |
| | | | | |
| <i>3</i> . | Address and SBL No. of all real por other family member of your hindicate each S.B.L. listed on the property. Address & S.B.L. Number | ousehold has an ow | nership or other fin | anciai interest. Pieuse |
| | Primary: 27 Plumb Con | eek Trail | Lancaster 1 | 14 14086 |
| | Other: | | | |
| 4. | List the name and address of any your spouse is a member, officer owner/proprietor) interest, giving partnership association or busine Position | partnership, uninco or employee in whic g your position and/o | rporated association th you or your spou or your spouse's po- ate not applicable (| sition, if any, with the |
| | NIA | | | |
| | | | | |

| 5. | List the name and address of any conspouse is an officer, director or emplementally owns or controls more stock or other ownership rights, list with the corporation or limited part | ployee or of which you or your s than five percent (5%) of the iss ting your position and/or your s | spouse legally of sued and outstanding pouse's position, if any, |
|-----|--|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> |
| | NIA | | |
| 6. | State the self-employment and the has derived, during the previous canone, please state not applicable (| alendar year, gross income in ex <i>NA)</i> . | cess of \$2,000.00. <i>If</i> |
| | NA | | |
| 7. | If you are unable after reasonable herein, so state and give reasons to | effort to obtain some or all of the herefore. <i>If none, please state no</i> | ot applicable (NA). |
| 8. | Have you personally accepted any than personal gifts from family, the amount: (If none, please state not NA | hat are specific to your position | ? List donators and donar |
| Sig | gnature of Reporting Individual | | |
| Da | truic brusel ate 1-18-19 | | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | For Calendar Tear 2019 |
|------|--|
| • | Name: Adam Pillanen Address: 34 Chrosten Ct. Phone Number: 716 - 864-8719 |
| . a. | Title of Town Position: Caval Man |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> |
| | Address & S.B.L. Number Primary: 34 Chaster C+ Other: 25 4th Avenue |
| • | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any with the corporation or limited partnership. If none, please state not applicable (NA). | | |
|-------|--|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> |
| | n/a | | |
| 6. | State the self-employment and the ge has derived, during the previous cale none, please state not applicable (NA | ndar vear, gross income in | which you or your spouse excess of \$2,000.00. <i>If</i> |
| 7. | If you are unable after reasonable efformation in the second seco | ort to obtain some or all of a efore. <i>If none, please state n</i> | the information required not applicable (NA). |
| 8. | Have you personally accepted any gift than personal gifts from family, that a | re specific to your position' | of \$75 or more, other? |
| Signa | amount: (If none, please state not appleature of Reporting Individual | licable, NA). | |
| Date | 3-16-19 | , | |

TOWN OF LANCASTER, NY

FEB 15 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: <u>DAVID</u> M <u>DZWIGAL</u> Address: <u>138 SIEBERT</u> RD Phone Number: <u>686-9112(H)</u> 201-2583(C) | |
|------------|---|------------|
| 2. a. | Title of Town Position: MEMBER | |
| b. | Department, Agency, or other Governmental Agency or Entity: ETHICS BOARD | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spous or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. | e |
| | Address & S.B.L. Number Primary: /38 SIEBERT RD SBL 145289.05-/-35 Other: | _ |
| 4. | List the name and address of any partnership, unincorporated association or business of which you your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | or |
| | Position Organization Address of Organization | <u>ion</u> |
| | | _ |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|------|--|---|--|
| | Name of Corporation or Limited Partnership | Address | Position |
| | | 14 | |
| 6. | State the self-employment and that has derived, during the previous none, please state not applicable | he general nature thereof, from whe calendar year, gross income in executary. | ich you or your spouse cess of \$2,000.00. If |
| 7. | If you are unable after reasonable herein, so state and give reasons | le effort to obtain some or all of the therefore. <i>If none, please state no.</i> | e information required t applicable (NA). |
| 8. | Have you personally accepted at than personal gifts from family, amount: (If none, please state no | ny gifts or donations with a value of that are specific to your position? In the applicable, NA). | of \$75 or more, other List donators and dollar |
| | ature of Reporting Individual | | |
| Date | 02/12/2019 | | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | For Calendar Year 2019 TOWN OF LANCASTER, MY |
|------------|--|
| 1. | Name: DAVID M DZWIGAL Address: 138 SIEBERT RO |
| | Phone Number: (H) 686-9/12 (C) 201-2583 |
| 2. a. | Title of Town Position: MEMBER |
| b. | Department, Agency, or other Governmental Agency or Entity: ETHICS BOARD |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number Primary: 138 SIEBERT Rb SBL# 145289 127-05-1-35 |
| | Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-----|---|--|--|
| | Name of Corporation or Limited Partnership | Address | Position |
| | | -NA- | |
| 6. | State the self-employment and has derived, during the previou none, please state not applicable | the general nature thereof, from is calendar year, gross income in le (NA). | which you or your spouse excess of \$2,000.00. If |
| 7. | If you are unable after reasonal herein, so state and give reason | ble effort to obtain some or all ons therefore. <i>If none, please state</i> | f the information required not applicable (NA). |
| 8. | Have you personally accepted than personal gifts from family amount: (If none, please state | | lue of \$75 or more, other on? List donators and dollar |
| Sig | gnature of Reporting Individual | | |
| Da | ite | | |

TOWN OF LANGASTER, NY
FEB -5 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: FRANK OF FALKIEURCZ II. Address: 188 MARRAND DYLY Phone Number: 716-830-5626 |
|------------|--|
| 2. a. | Title of Town Position: BOARD Men ber ASSESSMIT Review Belson |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> Address & S.B.L. Number Primary: 13 = 17 - 2 - 13 Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |

| <i>J</i> . | spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|------------|---|--|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> | |
| | | | | |
| 6. | State the self-employment and the has derived, during the previous of none, please state not applicable | e general nature thereof, from whicalendar year, gross income in exc (NA). | ch you or your spouse ess of \$2,000.00. If | |
| 7. | If you are unable after reasonable herein, so state and give reasons t | effort to obtain some or all of the herefore. If none, please state not | information required applicable (NA). | |
| 8. | Have you personally accepted any than personal gifts from family, the amount: (If none, please state not | nat are specific to your position? L | \$75 or more, other ist donators and dollar | |
| Signa | ature of Reporting Individual | | | |
| Date | 2/-19 | | | |

FEB 1 5 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: MATHEN FISCHIONE | | |
|------------|--|--|--|
| | Address: 100 STENT Rd., LANCASTER NY 14086 | | |
| | Name: Manthew MSCHIBNE Address: 100 STONY Rd., LANCASTER NY 14086 Phone Number: 716-989-7744 | | |
| 2. a. | Title of Town Position: Superus may Cook Enforcement Office | | |
| Ъ. | Department, Agency, or other Governmental Agency or Entity: | | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. | | |
| | Address & S.B.L. Number Primary: 100 Stony Rd. SBL 94.03-2-2311 | | |
| | Other: | | |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | | |
| | Position Organization Address of Organization | | |
| | NONE | | |
| | | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|------|--|---|----------|--|
| | Name of Corporation or Limited Partnership | Address | Position | |
| | NONE | | | |
| 6. | State the self-employment and the has derived, during the previous conner, please state not applicable | alendar year, gross income in ex | | |
| 7. | If you are unable after reasonable herein, so state and give reasons t | | _ | |
| 8. | Have you personally accepted any than personal gifts from family, the amount: (If none, please state not N/A | nat are specific to your position? applicable, NA). | | |
| _ | ture of Reporting Individual | | | |
| Date | Marke Joshing 2/15/19 | | | |

E MAR 2 0 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Devon George |
|------------|--|
| | Address: 5 Stone Hudge Drive Lancaster, NY |
| | Phone Number: (116) 435-1460 |
| 2. a. | Title of Town Position: Member (Youth Representative) |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number Primary: 5 Stone Hedge Drive Lancaster, NY Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | <u>Position</u> <u>Organization</u> <u>Address of Organization</u> |
| | (NA) Not applicable |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|------|---|--|-------------------------|--|
| | Name of Corporation | Address | Position | |
| | or Limited Partnership (NA) Not applicable | , | | |
| 6. | | the general nature thereof, from which is calendar year, gross income in excelle (NA). | | |
| | (NA) Not applicable | | | |
| 7. | • | ble effort to obtain some or all of the as therefore. If none, please state not a | _ | |
| 8. | | | ist donators and dollar | |
| Sign | nature of Reporting Individual | | | |
| Date | 3/18/19 | | | |

RECEIVED Town of Langaster, NY

FEB - 1 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Kocissa Gordziak |
|------------|--|
| | Address: 128 Court St |
| | Phone Number: (716) 217-4819 |
| 2. a. | Title of Town Position: Lancaster Youth Board Member |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| | Lancaster Youth Board |
| | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> |
| | Address & S.B.L. Number |
| | Primary: 128 Court Street |
| | Other: |
| 1. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | <u>Position</u> <u>Organization</u> <u>Address of Organization</u> |
| | ^/ / |
| | |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-------|--|--|--|
| | Name of Corporation Address or Limited Partnership Address Position | | |
| | NA | | |
| 6. | State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA). | | |
| 7. | If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA). \[\begin{align*} \lefta \begin{align*} \lefta \left | | |
| 8. | Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA). | | |
| Signa | ture of Reporting Individual Minne Myllight | | |
| Date | 2/1/19 | | |

FEB 13 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Benjamin Fox Address: 27 Tranquility Trail Lancaster, NV 14086 Phone Number: (726)-684-6228 | | |
|------------|--|--|--|
| 2. a. | Title of Town Position: Youth Board Member | | |
| b. | Department, Agency, or other Governmental Agency or Entity: Lancaster Youth Board | | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. | | |
| | Address & S.B.L. Number Primary: 27 Trang 4 1ty Trail Lancaster, Ny 14086 94.11-2-46 Other: | | |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | | |
| | Position Organization Address of Organization | | |
| | | | |

| 5. | spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | |
|------|---|---|--|
| | Name of Corporation or Limited Partnership | Address | Position |
| | N/A | | |
| 6. | State the self-employment and the general has derived, during the previous cale none, please state not applicable (National) | ndar year, gross income in ex | nich you or your spouse cess of \$2,000.00. If |
| | N/A | 1). | |
| 7 | If you are unable after reasonable efficient, so state and give reasons therein. | Fort to obtain some or all of the efore. If none, please state no | e information required t applicable (NA). |
| 8. | Have you personally accepted any githan personal gifts from family, that amount: (If none, please state not applicable) | are specific to your position? | |
| Sign | nature of Reporting Individual (1) Manin Q. Fort | | |
| Date | te February 10th, 2019 | | |

1AR 1 8 2019

NANE M. TERRANOVA TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Dawn Gaczewski Address: 182 Central Avenue, Lancaster Ny 14086 Phone Number: (716) 685-8077 / (716) 912-4844 | |
|--|---|--|
| 2. a. | Title of Town Position: Carril Hember | |
| b. | Department, Agency, or other Governmental Agency or Entity: Contracted Services as Village of Larkaster Events Coordinator | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. | |
| | Address & S.B.L. Number | |
| | Primary: 182 Central - 3BL 104-15-8-13.1 | |
| | Other: 176 Central - 5BL 104. 15-12-10 | |
| 4. List the name and address of any partnership, unincorporated association or business of which y your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | | |
| | <u>Position</u> <u>Organization</u> <u>Address of Organization</u> | |
| | Owner d/b/a Adworks 182 Central Ave | |
| | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-------|---|----------|--|
| | Name of Corporation Address or Limited Partnership | <u>n</u> | |
| | N/A | | |
| 6. | State the self-employment and the general nature thereof, from which you or your spouse | • | |
| | nas derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA). | | |
| | Advorks - advertising specialties Village of hamoster - events coordination | | |
| 7. | If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA). NA | | |
| | | | |
| 8. | Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA). | | |
| Signa | ature of Reporting Individual | | |
| Date | 3/11/19 | , | |

File:codethic2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: Grant Ge- Address: 18 Lake Stole Phone Number: 116-438 | e Crescent La | ncaster, Ny 1408 |
|------------|---|--|--|
| 2. a. | Title of Town Position: Ethics | 5 Board Mem! | 190 |
| b. | Department, Agency, or other Governm | | |
| <i>3</i> . | Address and SBL No. of all real proper or other family member of your househ indicate each S.B.L. listed on the form a property. | old has an ownership or other financ | ial interest. Please |
| | Address & S.B.L. Number Primary: 115, 36-2-6 Other: 104, 30-1- | 2 Business | |
| 4. | List the name and address of any partner your spouse is a member, officer or empowner/proprietor) interest, giving your partnership association or business. If n | ployee in which you or your spouse l position and/or your spouse's position | nas a proprietary (an on, if any, with the |
| | Position | Organization | Address of Organization |
| | owner The | Getzoni Agency | 8427 Transited williamsville, wy |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|-------|---|---|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> | |
| | The Getzoni Ac | ency 8427 Mains Williamsville | + Preside, Ny | |
| 6. | State the self-employment and that derived, during the previous none, please state not applicable | ne general nature thereof, from whice calendar year, gross income in exce (NA). | h you or your spouse ess of \$2,000.00. <i>If</i> | |
| 7. | If you are unable after reasonable herein, so state and give reasons | e effort to obtain some or all of the in therefore. <i>If none, please state not a</i> | nformation required pplicable (NA). | |
| 8. | amount: (If none, please state not | y gifts or donations with a value of \$ nat are specific to your position? Lis applicable, NA). | 675 or more, other at donators and dollar | |
| Signa | iture of Reporting Individual | | | |
| Date | 1/22/19 | | | |

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: ANTHONY E. GORSKI | | |
|------------|--|--|--|
| | Address: 192 WESTWOOD ROAD, LANCASTER N.Y. 14086 | | |
| | Phone Number: 7/6-685-38/6 | | |
| 2. a. | Title of Town Position: PLANNIG BOARD | | |
| b. | Department, Agency, or other Governmental Agency or Entity: TOWN OF LANCASTER | | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> | | |
| | Address & S.B.L. Number | | |
| | Primary: 192 WESTWOOD ROAD | | |
| | Primary: 192 WESTWOOD ROAD Other: N/A. | | |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | | |
| | Position Organization Address of Organization | | |
| | N/A | | |
| | , | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|------|--|--|--|--|
| | Name of Corporation or Limited Partnership | Address | Position | |
| | KIDENEY ARCHITECTS 143 | GENESEE ST. BUFFALO | N.Y. 14203 PRINCI | |
| 6. | State the self-employment and the go has derived, during the previous cale none, please state not applicable (Na | endar year, gross income in e | hich you or your spouse xcess of \$2,000.00. If | |
| | <i>N/A</i> | | | |
| 7. | If you are unable after reasonable eff herein, so state and give reasons there | fort to obtain some or all of the refore. If none, please state no | ne information required ot applicable (NA). | |
| | | | | |
| 8. | Have you personally accepted any gi than personal gifts from family, that amount: (If none, please state not appear to the state of the | are specific to your position? | of \$75 or more, other List donators and dollar | |
| Sign | nature of Reporting Individual | | | |
| Date | FEB. 6, 2019 | | | |

| RECEIVED | |
|--|--|
| For Calendar Year 201 | 9 |
| Name: STEVE HOFFWAR DIANEM. : 1901/A | |
| Address: LC Calony St Den and | |
| Phone Number: 716-870-7614 | |
| Title of Town Position: LIDA went en | |
| Department, Agency, or other Governmental Agency or Entity: | |
| LIDA | |
| | |
| Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> | ; |
| Address & S.B.L. Number | |
| Primary: 93 18-4-12 | - |
| Other: | |
| List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | r |
| Position Organization Address of Organization | <u>on</u> |
| -M/A | |
| | Name: State Hoffe Man Department Address Calona of State Address Calona of State Address Calona of State Address Ad |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | |
|-------|---|---|----------|
| | Name of Corporation or Limited Partnership | Address | Position |
| | N/A | | |
| 6. | State the self-employment and the genera has derived, during the previous calendar none, please state not applicable (NA). | | |
| 7. | If you are unable after reasonable effort to herein, so state and give reasons therefore | | |
| 8. | Have you personally accepted any gifts of than personal gifts from family, that are spamount: (If none, please state not applicated) | pecific to your position? List donators | • |
| Signa | nature of Reporting Individual | | |
| Date | te2(5)/14 | | |

TOWN OF LANCASTER, NY

MAR 1 9 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: GARY 5. KOWELL |
|------------|--|
| | Address: (0.33 TERRACE BLUD DPW 14043 |
| | Phone Number: 7(6-440-46-88 |
| 2. a. | Title of Town Position: LIBARY TRUSTEE |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> Address & S.B.L. Number |
| | Primary: 633 TERRACE BLVO DPW NY 14043 |
| | Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization NONE |
| | |

| J. | spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | | |
|-------|--|--|--|--|--|
| | Name of Corporation or Limited Partnership | Address | Position | | |
| | NONE | | | | |
| 6. | State the self-employment and the has derived, during the previous none, please state not applicable | ne general nature thereof, from whice calendar year, gross income in except (NA). | ch you or your spouse ess of \$2,000.00. <i>If</i> | | |
| 7. | If you are unable after reasonabl herein, so state and give reasons | e effort to obtain some or all of the therefore. If none, please state not a | information required applicable (NA). | | |
| 8. | Have you personally accepted arthan personal gifts from family, amount: (If none, please state no | ny gifts or donations with a value of that are specific to your position? Let applicable, NA). | \$75 or more, other ist donators and dollar | | |
| Signa | ature of Reporting Individual | | | | |
| Date | 3-16-2019 | | | | |

RECEIVED TOWN OF LANCASTER, NY

JAN 23 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | For Calendar Year 2019 |
|------|--|
| • | Name: JEROME MIDLA Address: 4 PEACHTREE CT LAWC. 14087 Phone Number: 716-683-0812 |
| . a. | Title of Town Position: ASSESHENT Review BOARd |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| | |
| | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. <i>Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.</i> |
| | Primary: 4 Perschitaee Ct. Live. |
| | Other: |
| • | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|-------|---|-----------------------------------|-----------------|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> | |
| 6. | State the self-employment and the gene has derived, during the previous calend none, please state not applicable (NA). | | | |
| 7. | If you are unable after reasonable effortherein, so state and give reasons therefore | | | |
| 8. | Have you personally accepted any gifts than personal gifts from family, that are amount: (If none, please state not applied | e specific to your position? List | | |
| Signa | nature of Reporting Individual | | | |
| Date | e | | | |

RECEIVED TOWN OF LANCASTER, NY

DIANE M. TERRANOVA TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: <u>Suzanne</u> M. Jalobs |
|------------|--|
| | Address: 6008 Genesee St. Lancaster |
| | Phone Number: 681-5494 |
| 2. a. | Title of Town Position: Trustee; Board Member |
| b. | Department, Agency, or other Governmental Agency or Entity: |
| | _ Lancaster Library |
| | Lancaster Library Lancaster Youth Bureau |
| | The state of the s |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| | Address & S.B.L. Number |
| | Primary: 6008 Genesee St. Lane 3BL 83.00-5-16 |
| | Other: |
| 1. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | <u>Position</u> <u>Organization</u> <u>Address of Organization</u> |
| | Nerve |
| | |
| | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> . | | | |
|------|---|--|--|--|
| | Name of Corporation Address or Limited Partnership Position | | | |
| | None | | | |
| 6. | State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA). None | | | |
| 7. | If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA). NA | | | |
| 8. | Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA). | | | |
| | ature of Reporting Individual | | | |
| Date | 1-27-19 | | | |

TOWN OF LANCASTER, NY

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| Name: JOSEPH W- CEEFE. Address: 9 BLOOMFIELD AVE DEPEW N.Y. 14043 Phone Number: 7/6 - 684 - 36/9. |
|--|
| Title of Town Position: BOARD MEMBER. |
| Department, Agency, or other Governmental Agency or Entity: NWW OF LANCASTER N.Y. PLANNING BOARD |
| Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. |
| Address & S.B.L. Number Primary: 9 BLOOMFIELD AVE DEPEN N.Y. 14043-104. 71-1-32 Other: + adjacent vacant lof - 104. 71-1-31 |
| List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| Position Organization Address of Organization Address of Organization OWNER LANCASTER N.Y. 14086 |
| |

| . K | 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|------|----------|--|-----------------|--|--|
| | | Name of Corporation or Limited Partnership | Address | Position | |
| | | | NONE / N.A | - 3 | |
| | | | | | |
| 6 | j. | State the self-employment and the has derived, during the previous on none, please state not applicable | (NA) | cess of \$2,000.00. If | |
| | | GENER, | ENTRAL AVE | Y P. | |
| | | 25 (| ENTRAL AVE | | |
| | • | CAN | CASTER N.Y | 14086 | |
| 7. | ·] | If you are unable after reasonable nerein, so state and give reasons the | (| | |
| | - | | na | | |
| | _ | | <i>V</i> | | |
| 8. | Н | ave you personally accepted any | ~:Q1 | | |
| | th ar | ave you personally accepted any part and personal gifts from family, that nount: (If none, please state not appropriate the state of appropriate t | pplicable, NA). | \$75 or more, other st donators and dollar | |
| | | | / | | |
| Sign | ature | e of Reporting Individual | luke | | |
| Date | | 1-19 | 19. | | |

TOWN OF LANCASTER, NY

JAN 24 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed

| 1. | Name: Keith S Kerl |
|-------|--|
| | Address: 47 Brunck Rd LAncaster NY |
| | Phone Number: 716-681-8635 |
| 2. a. | Title of Town Position: Youth Bureau Board |
| Ъ. | Department, Agency, or other Governmental Agency or Entity: |
| 3. | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. Address & S.B.L. Number |
| | Primary: 47 Brunck Rd, Lancaster Ny |
| | Other: |
| 4. | List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). |
| | Position Organization Address of Organization |
| | |

| | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|-------|---|--|---|--|
| | Name of Corporation or Limited Partnership | Address | Position | |
| | - N/A | | | |
| | | | | |
| 6. | State the self-employment and has derived, during the previou none, please state not applicable. | the general nature thereof, from what the general nature thereof, from what calendar year, gross income in explete (NA). | hich you or your spouse scess of \$2,000.00. If | |
| | | | | |
| 7. | If you are unable after reasonal herein, so state and give reason | ole effort to obtain some or all of the state not state not the state not be state | e information required t applicable (NA). | |
| | | | | |
| 8. | Have you personally accepted at than personal gifts from family, amount: (If none, please state no | ny gifts or donations with a value of that are specific to your position? In the contract of t | f \$75 or more, other List donators and dollar | |
| Signa | ture of Reporting Individual | KARRO | | |
| Date | 1/21/19 | - IJNYIAICON | | |

File:codethic2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| | | | For Calendar Year 20 |)19 |
|------------|---|---|---|----------|
| 1. | Name: 5 Address: 65 Phone Number: 7 | COURT S 16) 685-302 | KEYSA T. LANCASTER, N. | 4 |
| 2. a. | Title of Town Position: | PLANNING | BOARD MEMBER | |
| b. | Department, Agency, or or Department, Agency, or or Department, Agency, or or Department, Agency, or Or Or Or Department, Agency, Or | ther Governmental Agency or E LANCA STER | Entity: PLANNING BOARD | |
| <i>3</i> . | or order ranging michioci of | YUUI HUUSENOIA has an ownerch | n of Lancaster in which you or your spouse hip or other financial interest. <i>Please</i> ence, a business property and/or rental | ; |
| | Address & S.B.L. Number Primary: 65 COURT Other: N.A. | ST., LANC. 104. | 76-2-14 | ı |
| 4. | owner/proprietor) interest. | HICEF OF employee in which you | ted association or business of which you or use or your spouse has a proprietary (an or spouse's position, if any, with the of applicable (NA). | |
| | Position | Organization | Address of Organization | <u>n</u> |
| | BOARD MEMBER | LANCASTER RURAL | CEMETERY ASSOC. 70 CENETERYR | 'h |
| | RURAL CARRIER ASSE | OCIATE UNITED STATES | POSTAL SERVICE 1763 COMO PARK BLVD. | |
| | RECEIVED TOWN OF LANCASTER, NY | | | |

| 5. | List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | | |
|-------|--|---|--|--|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> | | |
| | NA | | | | |
| 6. | State the self-employment and the has derived, during the previous none, please state not applicable | he general nature thereof, from who calendar year, gross income in exe (NA). | nich you or your spouse cess of \$2,000.00. If | | |
| 7. | If you are unable after reasonable herein, so state and give reasons | e effort to obtain some or all of the therefore. <i>If none, please state not</i> | e information required applicable (NA). | | |
| 8. | amount: (If none, please state not | y gifts or donations with a value of hat are specific to your position? Less applicable, NA). | f \$75 or more, other ist donators and dollar | | |
| Signa | ture of Reporting Individual | sa# | | | |
| Date | MARCHU19, 2019 | 7 | | | |

File:codethic2019

JAN 23 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

| 1. | Name: <u>HAURENCE KORZENIEUSKI</u> Address: <u>7 TANGLEWOOD DN LANCASTEN NY</u> Phone Number: <u>716 796-4889 6838324</u> | | | |
|------------|---|--|--|--|
| 2. a. | Title of Town Position: Phanny Borne Member | | | |
| b. | Department, Agency, or other Governmental Agency or Entity: | | | |
| <i>3</i> . | Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. Address & S.B.L. Number Primary: | | | |
| l. | List the name and address of any partnership, unincorporated association or business of which you your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). | | | |
| | Position Organization Address of Organization Nove N/A | | | |
| | | | | |

| 5, | spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA). | | | |
|--------|---|---|---|--|
| | Name of Corporation or Limited Partnership | Address | <u>Position</u> | |
| | NA | | | |
| 6. | State the self-employment and the has derived, during the previous conone, please state not applicable | e general nature thereof, from whatendar year, gross income in ex (NA). | nich you or your spouse scess of \$2,000.00. If | |
| 7. | If you are unable after reasonable of herein, so state and give reasons the | effort to obtain some or all of the erefore. If none, please state not | e information required applicable (NA). | |
| 8. | Have you personally accepted any than personal gifts from family, tha amount: (If none, please state not a | gifts or donations with a value of t are specific to your position? L pplicable, NA). | f \$75 or more, other ist donators and dollar | |
| Signat | ture of Reporting Individual | | | |
| Date | 1/23/19 | · | | |